Name in Full

Certificate of Death

George K Bailey

Town

County

Died at Laurel Prince Georges MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Jan	4	Age 64.	8	27	England.	Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower ~~Divorced~~

Number of children living 11.

Husband ~~Wife~~ of Eliza Ellen Bailey

Father's Name Unknown

Mother's Name Unknown

Cause of Death: Primary Pneumonia 72 — How long sick 4 days.

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by C. F. Lee, M.D.

Address Berwyn Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full

Certificate of Death

Nancy Bowie

Died at Town Near Aken Rd. County Prince George MARYLAND

Date 189 Month Jan Day 14 | Age Y. 73 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living Two

Husband of
Wife

Father's Name

Mother's Name 141

Cause of Death: Primary — General Debility; Immediate — Heart Failure

How long sick 1 yr

Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Sarah Bidwell

Certificate of Death

Died at Hyattsville (Town) Prince Georges (County) MARYLAND

Date 189 9 (Month) May (Day) 4

Age (Y. M. D.) 46 4 —

Native of Md

Occupation Saleswoman

~~White~~ White ~~Female~~ Female ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of ~~Wife~~

Father's Name George Bidwell

Mother's Name Mary Ann Bidwell

Cause of Death: Primary Pneumonia 72

Immediate

How long sick Six Days

~~Accident, Suicide, Homicide~~

Reported by Churchill

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65058

Name in Full 4622

Edith S. Brown

Certificate of Death

Died at Town Laurel County Prince Georges MARYLAND

Date 1899 Month Jan Day 19 Age Y. 6 M. 8 D. Native of Laurel Occupation —

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ Wife of

Father's Name Frank A. Brown Mother's Name Laura C. Brown

Cause of Death: Primary Whooping Cough 7 — How long sick Several months

Immediate Bronchial pneumonia — ~~Accident, Suicide, Homicide~~

Reported by W F Taylor M.D.

Address Laurel M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Frances May Dann

Certificate of Death

Town Laurel County Prince Geo

Died at Laurel Prince Geo MARYLAND

Date 1899 Month Jan Day 5th

Age Y. 11 M. 9 D. 5

Native of Washington DC

Occupation School Girl

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of Wife

Father's Name C. W. Dann

Mother's Name Mary E. Dann

Cause of Death: Primary Diphtheria (Antitoxine used)

How long sick 3 days

Immediate

Accident, Suicide, Homicide

Reported by J. R. Hunter.

Address Laurel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Olivia Nillett

Certificate of Death

Died at Town Farmington County Prince Georges MARYLAND

Date 189 Month Jan. Day 19 Age Y. 19 M. 1 D. 10 Native of Md Occupation Fisherman

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband Wife of

Father's Name Wm A. Nillett Mother's Name Sara Jane Martin

Cause of Death: Primary Typhoid fever 1 1 How long sick 3 mts.

Immediate Pneumonia Accident, Suicide, ~~Homicide~~

Reported by Dr. Jones, M.D. Address Accokeek, P.G. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Isaac Ralph Duckett

Died at Town: Bowie County: Prince Georges MARYLAND

Date 1899 Month: Jan. Day: 30 | Age Y.: 1 M.: 10 D.: | Native of Md. | Occupation infant

Male ~~White~~ ~~Married~~ ~~Widowed~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~

Father's Name Daniel Duckett

Mother's Name Katie Duckett

Cause of Death: Primary Convulsions 4 d

Immediate

How long sick 4 mos.

~~Accident, Suicide, Homicide~~

Reported by Rev. A. B. Horsey

Address Bowie Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ida Edelen

Certificate of Death

Died at Town Cedarville County P. G. Co MARYLAND

Date 1899 Month Jan Day 1 | Age Y. 2 M. D. | Native of Md | Occupation child

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband Wife of

Father's Name John Edelen Mother's Name Nancy Edelen

Cause of Death { Primary Congestion of Lungs How long sick

Immediate 74 ~~Accident, Suicide, Homicide~~

Reported by John Edelen Parent

Address Cedarville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Bertha Ford

Died at Town: Near Westphalia County: Prince George's MARYLAND

Date 189 Month: Jan. Day: 27 Age: Y. 1 M. 2 D. Native of: Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name: James H. Ford

Mother's Name: Sarah E. Ford

Cause of Death: Primary: a Cold 161 How long sick: 3 days

Immediate: Strangulation

Accident, Suicide, Homicide

Reported by: Scott Armstrong

Address: Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Thomas H. Ford

Certificate of Death

Died at Town: Marlboro County: Prince Geo. MARYLAND

Date 1899 Month: Jan Day: 7. Age Y. 50 M. D. | Native of: Md | Occupation: Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living Six

Husband ~~Wife~~ of Sophiah Ford

Father's Name

Mother's Name

Cause of Death { Primary: Consumption | How long sick: about 1 yr

Immediate: " 229 | ~~Accident, Suicide, Homicide~~

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James Carroll Fritz

Town

County

Died at Riverdale

Prince George

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
June	25	20			Prince Georges	

Date 189 9

Age

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Howard O Fritz

Mother's Name Annie E Fritz

Cause of Death — Primary: Stricture Prostate

How long sick 22 hours

Immediate: Exhaustion

1521

Accident, ~~Suicide, Homicide~~

Reported by A. N. Lee, M. D.

Address Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Ann Maria Slater

Certificate of Death

Died at Town: Piscataway County: Pr. George MARYLAND

Date 1899 Month: Jan Day: 6 | Age Y: about 32 M: D: | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Philip Slater

Father's Name: Lewis Spencer Mother's Name: could not ascertain

Cause of Death: Primary: Childbirth 118 | Immediate: Shock

How long sick: 6 days

~~Accident, Suicide, Homicide~~ Neglect-

Reported by: John A Cox MD

Address: J.B. Pr. George Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Paul Golimas

Town

County

Diod at Annandale Prince Geo MARYLAND

Month Day Y. M. D. | Native of Occupation

Date 1899 Jany 10 Age 58 — | Canada Farm

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Antoine Golimas Mother's Name M. Beaumier

Cause of Death: Primary Grippe 9 days How long sick

Immediate Pneumonia

~~Accident, Suicide~~, Homicide

Reported by E A Fox MD

Address Bowie Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65356

Name in Full

Thos Hawkins.

Certificate of Death

Died at Near Town Piscataway County Pr Ged MARYLAND

Date 1899 Month 1 Day 22 | Age Y. — M. — D. — | Native of — | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife —

Father's Name Thos Hawkins

Mother's Name Do not know.

Cause of Death: Primary — How long sick 57

Immediate, Heart trouble — Accident, Suicide, Homicide

Reported by E L Hawkins Son

Address Pis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Attended by Dr. —

of

Information contained in this certificate received from William Colbert

of Pocantaug

Name in Full

Certificate of Death

James Henry Johnson

Died at Cheltenham (Town) P. George (County) MARYLAND

Date 1896 Month Jan. Day 16 | Age Y. 15 M. D. | Native of Maryland | Occupation Factory

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Frank Johnson

Mother's Name not known

Cause of Death: Primary Phthisis 22a — How long sick several months

Immediate Heart failure — ~~Accident Suicide Homicide~~

Reported by B. D. Heston M.D.

Address Cheltenham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Mrs. Isabella Kearney.

Died at Hyattsville (Town) Prince George (County) MARYLAND

Date 1899 Month Jan. Day 13 | Age Y. 49 M. 10 D. 1 | Native of New York | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 4

~~Husband~~ Wife of Michael Henry Kearney.

Father's Name John J. Mowbray | Mother's Name Eliza Mowbray

Cause of Death — Primary — 72. | How long sick 4 days.

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Dr. Gaylie Hardesty

Address Hyattsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full

Elizabeth A King

Certificate of Death

Died at Bellevue Town, Prince Georges County, MARYLAND

Date 1899 Jan 20 (Month, Day) | Age 82 - 5 (Y. M. D.) | Native of Va | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 9

~~Husband~~ Wife of Henry P. H. King

Father's Name Don't Know | Mother's Name Francis Dobbins

Cause of Death: Primary — Softening of the brain — How long sick 3 years

Immediate — Stroke — 43 — Accident, Suicide, Homicide

Reported by C A Fry

Address Bellevue Md

Jan 24 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Rev Henry P. F. King

Town

Died at Berwyn

County

Prince Geo Co MARYLAND

Date 189 Month Jan Day 12

Age Y. 74 M. D.

Native of Virginia

Occupation Minister

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 9

Husband ~~Wife~~ of Elizabeth A King

Father's Name John King

Mother's Name Alice Dobbins

Cause of Death: Primary Bright's

Immediate Dropsy

How long sick 4 weeks

~~Accident~~, Suicide, Homicide

Reported by C A Fox

Address Berwyn Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65060

Name in Full

Certificate of Death

Robert E King

Died at Town: Near Forestville County: P. Geo. MARYLAND

Date 1899 Month: Jan Day: 2 | Age Y. 3 M. D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Arthur King

Mother's Name: Rosie L Roby

Cause of Death: Primary: A Hard Cold

Immediate: Strangulation

How long sick: 2 Days

~~Accident, Suicide, Homicide~~

161

Reported by: Arthur King

Address: Forestville Md

Scott Armstrong

Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Henry Moreland

Certificate of Death

Died at Town Agnasco County Prince Geo MARYLAND

Date 1899 Month Jan Day 3 | Age Y. 4 M. D. | Native of agnasco | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name John F Moreland

Mother's Name Eliza Moreland

Cause of Death { Primary Croup & c How long sick 4 days
Immediate apnoea

Accident, ~~Suicide~~, Homicide

Reported by Wm A. Martin M. D.

Address Agnasco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6[illegible]

Name in Full — Certificate of Death

John Henry Payne

Died at Town: Oxen Hill — County: Prince George's — MARYLAND

Date 1899 — Month: Jan. — Day: 24th — Age: Y. about 70 yrs. M. D. — Native of: Charles Co — Occupation: Laborer

~~Male~~ / ~~Female~~ — ~~White~~ / Colored — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ / ~~Wife~~ of Margaret Payne

Father's Name — Mother's Name

Cause of Death — Primary: Senility — How long sick: 1 52 a

Immediate: Accidental fall — Accident, ~~Suicide, Homicide~~

Reported by E. P. Simpson M.D.

Address OXEN HILL Pr. Geo. Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: William A. Prather

Certificate of Death

Died at Forestville, Town; Prince Geo, County; MARYLAND

Date 1899 Month: Jany Day: 17 | Age Y. 12 M. D. | Native of Md | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband / Wife of

Father's Name: Solon Prather

Mother's Name: Mary E. Prather

Cause of Death — Primary: La Grippe Pneumonia — How long sick: Two weeks

Immediate: Congestion left lung — Accident, Suicide, Homicide

Reported by: Solon L. Prather

Address: Clinton P.O. P. G. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Copper Lee Reed

Died at Town: Blackwater County: P. George Co MARYLAND

Month	Dey	Y.	M.	D.	Native of	Occupation
Date 189 9	Jany 23	Age 8	—	—	Va	

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of —

Father's Name — Robt Reed

Mother's Neme — Lucy Copper Reed

Cause of Death — Primary: Scarlet fever 6 — How long sick: Nine Days

Immediate: Congestion of Brain — Accident, Suicide, Homicide

Reported by Chas Wells

Address Hyattsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55P58

Name in Full Sharps

Certificate of Death

Died at Hyattsville Town Md County Prince Geo MARYLAND

Date 189 Month Jan Day 28 | Age Y. M. D. | Native of - | Occupation -

Male - White - Married - Widow - Divorced -

Female - Colored - Single - Widower - Number of children living -

Husband of Wife Mary Kinner

Father's Name No Data " Mother's Name Anna Sharps

Cause of Death { Primary No. Wife her own Mother nurse and attendant sister

Immediate Still born

Accident, Suicide, Homicide

Reported by Her Father J. Joseph Edgar Carr

Address give him an order for County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Elizebeth Smith

Died at Town: Near West Thalia County: Prince George's MARYLAND

Date 189 9 Month: Jan Day: 26 | Age Y. 48 M. D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | Divorced Number ~~of children living~~

~~Husband~~ Wife of Alfred Smith

Father's ~~Name~~ Mother's ~~Name~~

Cause of Death: Primary La Grippe 9 | How long sick 5 days

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Margaret A. Smith

Died at Town: Westphalia County: Prince Geo. MARYLAND

Date 189 Month: Jan Day: 21 | Age Y.: 76 M.: D.: | Native of: Md | Occupation: Housekeeper

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living: 8

~~Husband~~ Wife of William Smith

Father's Name | Mother's Name

Cause of Death: Primary — General Debility — 1 4 1 — How long sick: 9 days

Immediate — " — " — Accident, Suicide, Homicide

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles Stephenson

Died at Town: Near Marlboro County: Prince Geo. MARYLAND

Date 1899 Month: Jan Day: 26 | Age Y.: 58 M.: D.: | Native of: Md | Occupation: Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living: 6

Husband ~~Wife~~ of Clarisse Stephenson

~~Father's~~ Name ~~Mother's~~ Name

Cause of Death: Primary: Hernia 96 | How long sick: 9 Mo.

Immediate: Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Scott Armstrong

Address Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name In Full E. T. Talbert

Certificate of Death

Died at near Cheltenham Town County Pr Ged MARYLAND

Date 1899 Month 1 — 4 Day Age Y. 73 M. D. Native of Occupation Farmer

Male / ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Neme Mother's Name

Cause of Death — Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Dr Ged. Engman 1-13

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]B

Name in Full

Certificate of Death

Richard Henry Toymon

Died at Town Rosaryville County Pr Geo MARYLAND

Date 1899 Month Jan Day 2 | Age Y. 69 M. D. | Native of Md | Occupation farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband of Wife

Father's Name Richard H Toymon | Mother's Name Matilda Ann Toymon

Cause of Death { Primary Phthisis 22a | How long sick 2 or 3 years

Immediate Severe cold

~~Accident Suicide Homicide~~

Reported by Wm Gibbons Jr.

Address Lerwood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Rebecca Turner

Town

Died at Aquasco

County

Pr: Geo: Co.

MARYLAND

Date 189[illegible] Month 1 Day 26

Age Y. 66 M. 10 D. 1

Native of Maryland

Occupation Lady.

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 7

~~Husband~~ Wife of W. B. Turner (Deceased)

Father's Name Benj Adams

Mother's Name Sarah Percie Adams

Cause of Death: Primary Influenza & Uremia 9 How long sick

Immediate Uremic Convulsions

~~Accident, Suicide, Homicide~~

Reported by M. R. Latimer,

Address Aquasco Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Connie Howard Veitch

Died ~~at~~ near Town Rives Station County Pr. Georges. MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	2					

Date 189 9 Age

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Col. J. H. Veitch

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Mountain Democrat 1-5~

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Pliny Willett

Certificate of Death

Died at Town: Farmington County: Pr Geo MARYLAND

Date 189 Month: 1 Day: 20 | Age Y.: Don't Know M.: D.: | Native of: Don't Know | Occupation: Don't Know

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
~~Wife~~

Father's Name: Henry Willett

Mother's Name: Do not Know

Cause of Death — Primary: Typhoid Fever

Immediate:

How long sick: 16 weeks

Accident, Suicide, Homicide

Reported by: E. L. Hunter Town

Address: P.B. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Dr. L Fowler

of Decorah

Information contained in this certificate received from Lee Manning.

of Decorah

Name in Full

Certificate of Death

Nathaniel Trood

Died at Town: Near Meadows County: Pr. Geo. MARYLAND

Date 1899 Month: Jan Day: 3 | Age Y.: 73 M.: D.: | Native of: Md | Occupation: Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 9

Husband of Wife: Airie Wood

Father's Name:

Mother's Name:

Cause of Death: Primary: Pneumonia 72 | Immediate:

How long sick: 8 Days

Accident, Suicide, Homicide

Reported by: Edward Wood Scott Armstrong

Address: Washington D.C. Forestville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968